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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/584,936
	Filing Date	05/31/2000
	First Named Inventor	Michael G. Kahn
	Title	Clinical Trials Management Sy
	Art Unit	3626
	Examiner Name	Lena Najarian
	Attorney Docket Number	1851-9

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
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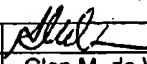
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I am the:

☐ Applicant/Inventor.
OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	28 MAY 2009
Name	Glen M. de Vries	Telephone	
Title and Company	President and Director, Medidata FT, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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